## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address 26 BROADWAY, SUITE 611

NEW YORK NY 10004-1793

**PROFIT** CORPORATION ANNUAL REPORT

1997

Principal Place of Business

26 BROADWAY, SUITE 611

**NEW YORK NY 10004** 

CITY - ST - ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PHINTED NAME



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # F9500006034 (1)

## ASHLAND MANAGEMENT INCORPORATED

3. Date Incorporated or Qualified 3a. Date of Last Report 12/12/1995 03/27/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 13-2804877 21 26 Not Applicable Suite, Apt. #, ctc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zib Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 25 30 Florida Statutes 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent NATIONAL CORPORATE RESEARCH, LTD., INC. 81 Name 1406 HAYS ST., STE. 2 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 83 84 City Zip Code 11. Pursuant to the previsions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE. Signature, typed or perher name of registored agent and tipe if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CDS DELETE Change Addition TITLE 1.1 1111.6 HICKOX, CHARLES C NAMÉ 1.2 NAME 26 BROADWAY, SUITE 611 STREET ADDRESS 1.3 STREET ADDRESS NEW YORK NY 10004 1.4 CITY - ST - ZIP CHTY - ST - ZIP DPT DELETE Change Addition TITLE 2.1 TITLE JONES, PARRY NAME 22 NAME 26 BROADWAY, SUITE 611 STREET ADDRESS 23 STREET ADDRESS **NEW YORK NY 10004** 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 31 TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST - ZIP DELETE Change \_\_\_ Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CHY-ST-ZIP \_\_ Change DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP C!TY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

(96/6)

FILED

Jan 29 1997 8:00am

Secretary of State